

South Carolina Family Literacy

Family Data Forms Checklist

2006-07

Family Contact's Name _____ **Program/Site** _____

The forms in this package are examples for collecting information on family progress toward the South Carolina Performance Indicators for Quality Assurance and Evaluation. Make one set of forms for each family, eliminating the forms that are not applicable. For example, you will need only one of the adult pre/post assessment forms for each enrolled adult: TABE, BEST, or Computer Literacy Skills Assessment. If a family does not have children older than 2 ½ years, you will not need a Peabody Picture Vocabulary Test form, since that test is only applicable for children over 2 ½ years of age.

Use the checklist below to make sure that all of the applicable forms are included for this family. In cases where you have two or more copies of the same form (e.g. more than one adult or more than one child enrolled from the family), place a checkmark for each form included. If a family had two adults enrolled who are being assessed with the TABE, you would have two TABE reporting forms in their packet and make two check marks on this page beside the TABE reporting form.

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Family Enrollment

Contact Adult Name: _____
(Last, First, Middle Initial)

Street Address: _____

City/State/Zip _____

Phone: _____

Enrollment Date: _____

Exit Date: _____

List **adults** from this family who are enrolling for services:

| Adult First Name | Last Name | DOB |
|------------------|-----------|-----|
| | | |
| | | |
| | | |
| | | |

List **children** from this family who are enrolling for services:

| Child First Name | Last Name | DOB |
|------------------|-----------|-----|
| | | |
| | | |
| | | |
| | | |

Household Composition *(choose one that best fits this family)*

- ☐ Single Male
- ☐ Single Female
- ☐ Married Couple
- ☐ Multigenerational
- ☐ Other

Primary Language Spoken in the Home *(choose one)*

- ☐ English
- ☐ Spanish
- ☐ Other

Does the family qualify for free/reduced lunch? *(check one)*

- ☐ Yes
- ☐ No
- ☐ Don't Know

Family Risk Factors *(check any that apply)*

(The Family Risk Factors Manual can be downloaded from the FLOIS Reference Documents)

- ☐ Receives TANF
- ☐ Receives SSI
- ☐ Receives Medicaid
- ☐ Foster care
- ☐ Homeless family
- ☐ Incarcerated parent
- ☐ Abusive adult in the home
- ☐ Drug/alcohol abuse in the home
- ☐ Teen parent
- ☐ Parent lacks GED or High School Diploma
- ☐ Limited English Proficiency
- ☐ Poor social skills
- ☐ Frequent relocation of the family
- ☐ Family income below HHS poverty guideline

Number of people residing in the household *(please list the number for each category)*

| Age | Number of Persons |
|-------------------------------|-------------------|
| Adults (age 19 yrs and above) | |
| Teens (age 13 to 18 yrs) | |
| Children ages 8 to 12 yrs | |
| Children ages 5 to 7 yrs | |
| Children ages 3 to 4 yrs | |
| Children under 3 yrs of age | |

Enrolled Adult Information Form

*Fill out a separate form for each adult enrolled in the family literacy program.
Complete a separate Enrolled Adult Information Form (2 pages) for each enrolled adult.*

Name: _____
(Last, First, Middle Initial)

Date of Birth (m/d/yr) _____

Social Security Number _____ / _____ / _____

Enrollment Date: _____

Exit Date: _____

Is this Adult the Contact Person for the Family? ☐ Yes ☐ No

What is the Adult's Sex? ☐ Male ☐ Female

Is the adult Hispanic or Latino? ☐ Yes ☐ No

What is the adult's race? *(choose one that best describes the adult)*

- ☐ Asian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other

Notes on Race: _____

What is the adult's marital status? *(choose one that best describes the adult)*

- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never Married
- ☐ Other

What was the last grade in school completed? *(choose one)*

- ☐ K ☐ 1 ☐ 2 ☐ 3
- ☐ 4 ☐ 5 ☐ 6
- ☐ 7 ☐ 8 ☐ 9
- ☐ 10 ☐ 11 ☐ 12
- ☐ High School Graduate
- ☐ GED Graduate
- ☐ Attended college
- ☐ Did not attend school
- ☐ Other

Did the adult attend school in the United States? *(choose one)*

- ☐ Yes
- ☐ No

What is the adult's employment status at the time of enrollment?

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Unemployed

If the adult is unemployed, please choose one of the following that best describes the adult.

- ☐ Receiving disability
- ☐ Exemption from work
- ☐ Looking for a job but has not found one
- ☐ Not looking for a job
- ☐ Other
- ☐ Reason unknown

Please complete additional Enrolled Adult Information Forms for any other adults who are enrolled in the family literacy program.

Enrolled Child Information Form

*Fill out a separate form for each child enrolled in the family literacy program.
Complete a separate Enrolled Child Information Form (2 pages) for each enrolled child.*

Name: _____
(Last, First, Middle Initial)

Date of Birth (m/d/yr) _____

Social Security Number _____ / _____ / _____

What is the child's sex? (*choose one*) ☐ Male ☐ Female

Is the child Hispanic or Latino? (*choose one*) ☐ Yes ☐ No

What is the child's race? (*choose one that best describes the child*)

- ☐ Asian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other

Notes on Race: _____

What school placement or level educational services will the child receive through Even Start?
(*choose one*)

- ☐ Infant/Toddler
- ☐ Early Head Start
- ☐ Head Start
- ☐ Early Reading First
- ☐ PreK 3 year old
- ☐ PreK 4 year old
- ☐ PreK 5 year old
- ☐ Kindergarten
- ☐ Other

Was the child being served in another educational setting prior to enrollment in Even Start?

- ☐ No
- ☐ Yes (please describe) _____

*Please complete additional Enrolled Child Information Form for any other children
who are enrolled in the family literacy program*

Adult Attendance

Adult Name: _____

FLOIS ID Number _____

Record the center based and home based hours of participation for adult education, parent education, and parent-child interactive literacy for each month. Also record the number of parent meetings attended and the number of home visits that this adult participated in during the month.

FLOIS shows threshold numbers for adult education, parent education, and interactive literacy. There will be a training on how to set participation thresholds for families enrolled in the family literacy program. Do not edit the thresholds in FLOIS before participating in the training.

2006-07

| Month | Hours Adult Ed (Center-Based) | Hours Adult Ed (Home-Based) | Hours Parent Ed. (Center-Based) | Hours Parent Ed. (Home-Based) | Hours P-C Interactive Literacy (Center-Based) | Hours P-C Interactive Literacy (Home-Based) | Number Parent Meetings Attended | Number Home Visits |
|-------|-------------------------------|-----------------------------|---------------------------------|-------------------------------|---|---|---------------------------------|--------------------|
| Jul | | | | | | | | |
| Aug | | | | | | | | |
| Sep | | | | | | | | |
| Oct | | | | | | | | |
| Nov | | | | | | | | |
| Dec | | | | | | | | |
| Jan | | | | | | | | |
| Feb | | | | | | | | |
| Mar | | | | | | | | |
| Apr | | | | | | | | |
| May | | | | | | | | |
| Jun | | | | | | | | |

Infant/Toddler/Preschool Child Attendance

Child Name: _____

ID Number _____

Record the center based and home based hours of participation early childhood education and parent-child interactive literacy for each month. Also record the number of home visits that this child participated in during the month.

FLOIS shows threshold numbers for early childhood education and interactive literacy. There will be a training on how to set participation thresholds for families enrolled in the family literacy program. Do not edit the thresholds in FLOIS before participating in the training.

2006-07

| Month | Hours Early Childhood (Center- Based) | Hours Early Childhood (Home- Based) | Hours P-C Interactive Literacy (Center- Based) | Hours P-C Interactive Literacy (Home- Based) | Number Home Visits |
|-------|---|---|--|--|--------------------------|
| Jul | | | | | |
| Aug | | | | | |
| Sep | | | | | |
| Oct | | | | | |
| Nov | | | | | |
| Dec | | | | | |
| Jan | | | | | |
| Feb | | | | | |
| Mar | | | | | |
| Apr | | | | | |
| May | | | | | |
| Jun | | | | | |

School Age Child Attendance

Child Name: _____

FLOIS ID Number: _____

Record the number of days enrolled in a school based program during the month and the number of days attended.

2006-07

| Month | Days Enrolled | Days Attended |
|-------|------------------|------------------|
| Jul | | |
| Aug | | |
| Sep | | |
| Oct | | |
| Nov | | |
| Dec | | |
| Jan | | |
| Feb | | |
| Mar | | |
| Apr | | |
| May | | |
| Jun | | |

Adult Achievement (TABE)

Use the Tests of Adult Basic Education (TABE) to assess pre/post academic progress for adults who have not yet completed the GED, and who are able to complete English language assessments. Complete one form for each adult in your program who meets these criteria.

Program/Site: _____

Adult Name: _____

FLOIS ID Number _____

TABE Pretest

Date of Pretest: _____ *Administered by* _____

| <i>TABE test</i> | <i>Level (E,M,D,A)</i> | <i>Form (7 or 8)</i> | <i>Scale Score</i> | <i>GE Score</i> |
|------------------|----------------------------|--------------------------|------------------------|---------------------|
| Reading | | | | |
| Math | | | | |
| Language | | | | |

TABE Post-test

Date of Post-test: _____ *Administered by* _____

Number of instructional hours between Pretest and Post-Test: _____

| <i>TABE test</i> | <i>Level (E,M,D,A)</i> | <i>Form (7 or 8)</i> | <i>Scale Score</i> | <i>GE Score</i> |
|------------------|----------------------------|--------------------------|------------------------|---------------------|
| Reading | | | | |
| Math | | | | |
| Language | | | | |

Adult Achievement (BEST)

Use the Basic English Skills Test (BEST) to assess pre/post academic progress for adults who are ESL (English as a Second Language) students. Complete one form for each ESL adult in your program.

Program/Site: _____

Adult Name: _____

FLOIS ID Number _____

BEST Pretest

Date of Pretest: _____ *Administered by* _____

| <i>BEST test</i> | <i>Form</i> | <i>Scaled Score</i> | <i>SPL Level (0 to 7)</i> |
|--------------------|-------------|---------------------|-------------------------------|
| Oral Listening | | | |
| Oral Communication | | | |
| Oral Fluency | | | |
| Literacy Reading | | | |
| Literacy Writing | | | |
| Total – Oral | | | |
| Total - Literacy | | | |

BEST Post-test

Date of Post-test: _____ *Administered by* _____

Number of instructional hours between Pretest and Post-Test: _____

| <i>BEST test</i> | <i>Form</i> | <i>Scaled Score</i> | <i>SPL Level (0 to 7)</i> |
|--------------------|-------------|---------------------|-------------------------------|
| Oral Listening | | | |
| Oral Communication | | | |
| Oral Fluency | | | |
| Literacy Reading | | | |
| Literacy Writing | | | |
| Total – Oral | | | |
| Total - Literacy | | | |

Adult Achievement (Computer Literacy)

SOUTH CAROLINA COMPUTER LITERACY Assessment Checklist

Student Name _____ Beg Level/Score _____ End Level/Score _____

Social Security # _____ Class or Session _____

| Pre-test Date / / | | | Please √ the response that describes your computer understanding in each of the following areas. Check only ONE response per item. | Post-test Date / / | |
|-------------------------|-----|----|--|--------------------------|----|
| Level | Yes | No | | Yes | No |
| L #1 | | | 1. Can identify computers and other technology | | |
| L #2 | | | 2. Has some experience using a computer. | | |
| | | | 3. Can identify computer hardware (i.e. CPU/Processor, Monitor, Keyboard Mouse, Printer). | | |
| | | | 4. Can turn on a computer. | | |
| | | | 5. Can shut down Windows properly. | | |
| | | | 6. Can move the mouse pointer and make it go where she/he wants it. | | |
| | | | 7. Can click a mouse (pointing device). | | |
| | | | 8. Can double click a mouse. | | |
| | | | 9. Can "click and drag" a mouse. | | |
| | | | 10. Can use the keyboard (not necessarily with the proper typing skills) | | |
| L# 3 | | | 11. Can identify the desktop and its elements | | |
| | | | 12. Can move and resize windows. | | |
| | | | 13. Can use menus and toolbars. | | |
| | | | 14. Can use scroll bars. | | |
| | | | 15. Can explain the difference between a program and a document. | | |
| | | | 16. Can start a new program by double-clicking an Icon. | | |
| | | | 17. Can start a program from the Start Menu. | | |
| L# 4 | | | 18. Can create a file using various Windows Accessories programs | | |
| | | | 19. Can open a document from the hard drive and floppy drive using a word processing program. (i.e. Word, Works, Notepad) | | |
| | | | 20. Can save a document using a word processing program. | | |
| | | | 21. Can close a document using a word processing program. | | |
| | | | 22. Can create a document using a word processing program. | | |
| | | | 23. Can format a text within a word processing document (i.e. bold, underline, italic, font size). | | |
| | | | 24. Can edit a text within a word processing document. | | |
| | | | 25. Can print a word processing document. | | |
| | | | 26. Can change the desktop background screen settings. | | |
| | | | 27. Can change the date and time properties. | | |
| | | | 28. Can open and view the contents of "My Computer". | | |
| | | | 29. Can view folders and files. | | |

Please Continue on the Next Page

| Pre-Test (Continued) | | | Please √ the response that describes your computer understanding in each of the following areas. Check only ONE response per item. | Post-Test (Continued) | |
|-------------------------|-----|----|---|--------------------------|----|
| Level | Yes | No | | Yes | No |
| L #5 | | | 30.Can create a folder. | | |
| | | | 31.Can move folders and files. | | |
| | | | 32.Can delete and restore folders and files. | | |
| | | | 33.Can rename folders and files. | | |
| | | | 34.Can create a shortcut to a file on the desktop. | | |
| | | | 35.Can find a file. | | |
| | | | 36.Can describe the function of peripheral devices (i.e. scanner, printer, mouse, digital camera). | | |
| | | | 37.Can open a spreadsheet. | | |
| | | | 38.Can save a spreadsheet to the hard drive or floppy drive. | | |
| | | | 39.Can close a spreadsheet. | | |
| | | | 40.Can create a “simple spreadsheet (i.e. personal budget, timesheet). | | |
| | | | 41.Can print a spreadsheet. | | |
| | | | 42.Can enter data into a database. | | |
| | | | 43.Can explain the difference between data and information. | | |
| | | | 44.Can create a simple database (i.e. mailing list). | | |
| | | | 45.Can open and modify a database. | | |
| | | | 46.Can print a report from a database. | | |
| | | | 47.Can close a database. | | |
| | | | 48.Can select the correct productivity software for a given task. | | |
| | | | 49.Can start a web browser (i.e. Netscape Navigator, Internet Explorer). | | |
| | | | 50.Can open a web page when give a web address (Universal Resource Locator or “URL”). | | |
| | | | 51.Can set up a free Internet e-mail account. | | |
| | | | 52.Can compose and send e-mail. | | |
| | | | 53.Can retrieve, read, and respond (i.e. reply) to e-mail. | | |
| | | | 54.Can attach a file to an e-mail message. | | |
| | | | 55.Can receive and open an attached file. | | |
| | | | 56.Can open a web page and follow hypertext links. | | |
| | | | 57.Can add a web page to the “Favorites” or “Bookmarks” list. | | |
| | | | 58.Can access a web page from the “Favorites” or “Bookmarks” list. | | |
| | | | 59.Can print a web page. | | |
| | | | 60.Can use an Internet search engine. | | |
| | | | 61.Can set up a “dial-up” Internet connection. | | |
| | | | 62.Can install or remove a program to or from the hard drive. | | |
| | | | 63.Can transfer photographs from a digital camera to a personal computer. | | |
| | | | 64.Can print an image. | | |
| Level | Yes | No | | Yes | No |
| L#6 | | | 65.Can add an item to the “Start Menu”. | | |
| | | | 66.Can customize the “Taskbar”. | | |
| | | | 67.Can manage e-mail messages (i.e. creating folders, creating rules. | | |
| | | | 68.Can create a database that contains expressions (formulas). | | |
| | | | 69.Can identify the uses of and create macros. | | |
| | | | 70.Can utilize the productivity of software as a true integrated system. | | |
| | | | 71.Can associate a file with the program that it was created in based on the file extension. | | |
| | | | 72.Can design and format a homepage. | | |
| | | | 73.Can identify programming languages commonly used today. | | |
| | | | 74.Can provide detailed instruction to other students in the room in the use of various types of software (i.e. productivity, educational). | | |

Adult High School Diploma or Equivalent

Complete this page if the adult has the goal of completing a high school diploma or a GED, and if the goal is achievable this year. If the GED or HS diploma is a long term goal, but is not achievable this year, do not fill out this page.

Adult Name: _____ **ID Number:** _____

If the adult's goal was to pass achieve a high school diploma this year, fill in the box below and attach a copy of the diploma to this form.

High School Diploma

| Progress Toward Goal | (Check One) |
|--|-------------|
| Completed High School Diploma | |
| Significant progress, did not complete diploma | |
| Moderate progress, did not complete diploma | |
| Minimal or no progress toward diploma | |

If the adult's goal was to pass the GED this year, complete the information below.

GED Certificate

| Progress Toward Goal | (Check One) |
|---|-------------|
| Passed the GED (record scores below) | |
| Passed one or more GED subtests (record scores below) | |
| Took the GED; scores not available yet | |
| Did not take the GED | |

GED test date: ____/____/____ Form (check one): ____ Official Practice Test ____ GED

| GED Subject Area | Standard/Scale Score |
|------------------------|----------------------|
| Language Arts, Writing | |
| Social Studies | |
| Science | |
| Language Arts, Reading | |
| Mathematics | |
| Total | |

Adult Post-Secondary Education or Employment

Did the adult have one or more of the following goals: enter post-secondary education, job training or retraining, non-subsidized employment, or the military, or achieve career advancement during the program year? If yes, and if the goal was attainable this year, then complete this page. Enter the date the goal was if it was achieved, the date it was achieved.

Adult Name: _____ **ID Number:** _____

Goal Attainment

| Goal | Date the Goal was Set | Date the Goal was Achieved |
|----------------------------------|-----------------------|----------------------------|
| Enter post-secondary education | | |
| Enter job training or retraining | | |
| Gain non-subsidized employment | | |
| Retain non-subsidized employment | | |
| Enter the military | | |
| Gain a career advancement | | |
| Pass the GED test | | |
| Complete high school diploma | | |

Goal Setting Notes: _____

Peabody Picture Vocabulary Test III
(PPVT-III)
(Ages 2 ½ Years and Above)

Child's Name: _____

Child's ID Number: _____ **Date of Birth:** ____/____/____

| | Pre | Post |
|--|-----|------|
| Date of Assessment | | |
| Child's Age (years-months) at assessment | | |
| PPVT-II Form (A or B) | | |
| PPVT-III Raw Score | | |
| PPVT-III Standard Score | | |
| PPVT-III Percentile Rank | | |
| PPVT-III Age Equivalent | | |

Pre-Assessment Notes: _____

Post-Assessment Notes: _____

Child's Attendance, Grade Promotion, and Reading Level (Pre-K through Grade 3)

Child's Name: _____ **SSN:** _____

Teacher: _____ **Grade:** _____

Child's Rate of School Attendance (Grades Pre-K through 3)

What was this child's rate of attendance for the program year? _____ %

How did this child's attendance compare to the peer group? (Check one below)

- ☐ This child's attendance rate was the same or higher than the peer group.
- ☐ This child's attendance rate was lower than the peer group.

Child's Promotion Status at the End of the School Year (Grades Pre-K through 3)

What was this child's status at the end of the school year? (Check one below)

- ☐ This child was promoted to the next grade.
- ☐ This child was promoted to the next grade and was recommended for supplemental services (IEP).
- ☐ This child was retained in grade with no special considerations for instruction.
- ☐ This child was retained in grade and was recommended for supplemental services (IEP).
- ☐ This child was recommended for placement in an ungraded class with appropriate services (IEP).
- ☐ Other

Child's Reading Level (Grades 1 – 3)

If this child was enrolled in Grades 1 – 3 this program year, check one of the following.
If the child was in Pre-K or Kindergarten, leave this section blank.

The child's reading level at the end of the school year was:

- ☐ On grade level.
- ☐ Above grade level.
- ☐ Below grade level.

Parent Education Profile

The South Carolina Family Literacy Performance Indicators require the use of the Parent Education Profile (PEP) to assess families' progress in supporting their children's literacy development. Two scales must be employed with all families.

Scale II is required for all families. The second scale may be either I or III, depending on the age of the children in the family. Use Scale III if the children are enrolled in a center based educational program. Use Scale I if they are not. Scale IV may also be used, but it is optional.

Please note that each family's pre-rating and post-rating for each scale of the PEP is stored as a separate record in FLOIS. For any of the scores above to be stored in the database, **all subscales and the relevant date** (in mm/dd/yyyy format) **within each particular scale** must be entered at one time. In other words, if you enter one piece of information in Scale II, you must complete all of the information (a full set of pre scores and the pre date, for example) for that scale's pre or post. If information is incomplete, FLOIS will not save the entry. You only have to enter pre or post scores (not both) at any one time.

You can enter the information for one scale at a time. The only requirement is that for any scale, you must enter a complete set of pre data or a complete set of post data for that scale or the information will not be saved in FLOIS. Please record the family's PEP scores on the following page.

Contact Adult Name: _____

FLOIS ID: _____

| | | Pre | Post |
|--|--|----------------------|----------------------|
| PEP Scale 1 Parent's Support for Children's Learning in the Home Environment | 1 Use of Literacy Materials | <input type="text"/> | <input type="text"/> |
| | 2 Use of TV/Video | <input type="text"/> | <input type="text"/> |
| | 3 Home Language and Learning | <input type="text"/> | <input type="text"/> |
| | 4 Priority on Learning Together | <input type="text"/> | <input type="text"/> |
| | Date (mm/dd/yyyy) | <input type="text"/> | <input type="text"/> |
| Administered by (optional) | | <input type="text"/> | <input type="text"/> |

| | | Pre | Post |
|--|--|----------------------|----------------------|
| PEP Scale 2 Parent's Role in Interactive Literacy Activities | 5 Expressive and Receptive Language | <input type="text"/> | <input type="text"/> |
| | 6 Reading With Children | <input type="text"/> | <input type="text"/> |
| | 7 Supporting Book/Print Concepts | <input type="text"/> | <input type="text"/> |
| | Date (mm/dd/yyyy) | <input type="text"/> | <input type="text"/> |
| Administered by (optional) | | <input type="text"/> | <input type="text"/> |

| | | Pre | Post |
|---|---|----------------------|----------------------|
| PEP Scale 3 Parent's Role in Supporting Child's Learning in Formal Education Settings | 8 Parent-School Communications | <input type="text"/> | <input type="text"/> |
| | 9 Expectations of Child and Family | <input type="text"/> | <input type="text"/> |
| | 10 Monitoring Progress/Reinforcing Learning | <input type="text"/> | <input type="text"/> |
| | 11 As a Partner With Educational Setting | <input type="text"/> | <input type="text"/> |
| | 12 Expectations of Child's Success in Learning | <input type="text"/> | <input type="text"/> |
| | Date (mm/dd/yyyy) | <input type="text"/> | <input type="text"/> |
| Administered by (optional) | | <input type="text"/> | <input type="text"/> |

| | | Pre | Post |
|---|---|----------------------|----------------------|
| PEP Scale 4 Taking on the Parent Role | 13 Choices, Rules, and Limits | <input type="text"/> | <input type="text"/> |
| | 14 Managing Stresses on Children | <input type="text"/> | <input type="text"/> |
| | 15 Safety and Health of Children | <input type="text"/> | <input type="text"/> |
| | Date (mm/dd/yyyy) | <input type="text"/> | <input type="text"/> |
| Administered by (optional) | | <input type="text"/> | <input type="text"/> |